## GRAND TRAVERSE COUNTY DPW 2650 LaFranier Rd

Traverse City, MI 49686-8972

Test

Phone: 231 995-6039 Fax: 231 929-7226

Mailing Address

Account #: Test Due:

**Backflow Prevention Assembly Test Report** 

Com	dress:			Mai	Serial #: nufacturer: Model: Type: Size:	
	Reduced	Pressure Princip	ole Assembly		RP □ DC □	DCDA 🔲 RPDA 🖂
	Double Check V	alve Assembly			PVB □ SVB □	Air Gap ☐ AVB ☐
	Check Valve #1	Check Valve #2	Relief Valve		PVB/SVB	
Initial Test	Leaked  Closed Tight	Leaked Closed Tight	Did not Open		AIR INLET Did not Open	
	Held atPSID	Held atPSID	Opened at	_PSID	Opened at	PSID
Repairs Details	Cleaned  Replaced	Cleaned  Replaced	Cleaned		CHECK VALV Leaked Held at Cleaned Replaced	PSID
Final	Closed Tight	Closed Tight  Held at PSID	Opened at	BSID	AIR INLET Opened at CHECK VALV	
Commen		Held atPSID	Opened at	_PSID	Held at	PSID
				Line Pressure  Meter Reading  Held Backpressure		
				#2 Shutoff		
The above report is certified to be true.				Relief Valve Exercised		
Initial Test	Date/Time Tester	Signature	Tester#	Т	est Kit Pa	assed Failed
Repairs						
Final						